

# DEPARTMENT OF TREASURY

## PROCESS RECEIPT AND RETURN

Plaintiff: UNITED STATES OF AMERICA	Court Case Number: 04-CR-544
Defendant: KUN FUK CHENG	Type of Process: Forfeiture - Service

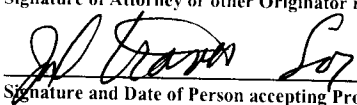
SERVE AT: (Name of Individual, Company, Corporation, etc. to be served or Description of property to Seize: (Address: street or RFD, Apt. No., City, State and Zip Code):

Hui Guo, c/o Stephen R. Coffey, Esq. O'Connell, Aronowitz Law Firm, 54 State Street, 9<sup>th</sup> Floor, Albany, NY 12207

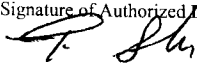
Send notice or service copy to requester at Name and Address below: GLENN T. SUDDABY, United States Attorney, NDNY 218 James T. Foley Courthouse 445 Broadway Albany, New York 12207	Number of Processes to be Served Number of Parties to Served Check box if service is on USA
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Special Instructions or Other Information that will assist in expediting service (includes business and alternate addresses, telephone numbers and estimated times available for Service:

Please serve the following: A certified copy of the Preliminary Order of Forfeiture and the Notice of Publication and Forfeiture

Signature of Attorney or other Originator requesting service on behalf of:  /Thomas A. Capezza, AUSA	(X) Plaintiff ( ) Defendant	Telephone No. 518-431-0247	Date 2/14/06
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### SPACE BELOW FOR USE OF DEPARTMENT OF TREASURY

I acknowledge receipt for the total number of process indicated.	District of Origin No. _____	District to Serve No. _____	Signature of Authorized Dept. of Treasury Agency Officer 	Date 2/15/06
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I HEREBY CERTIFY AND RETURN THAT I ( ) PERSONALLY SERVED. ( ) HAVE LEGAL EVIDENCE OF SERVICE. (X) HAVE EXECUTED AS SHOWN IN 'REMARKS', THE PROCESS DESCRIBED ON THE INDIVIDUAL, COMPANY, CORPORATION, ETC., AT THE ADDRESS SHOWN ABOVE OR ON THE ADDRESS INSERTED BELOW

( ) I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.

Name and Title of individual served if not shown above. ( ) A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address: (complete only if different than shown above)

Date of Service 2/16/06 Time of Service Mail ( ) a.m. ( ) p.m.

Signature, Title and Treasury Agency  
 Special Agent, IRS-CI

#### REMARKS:

A certified copy of the Preliminary Order of Forfeiture and Notice of Publication and Forfeiture were sent by Certified Mail to the address listed above - on 2/16/06.

(Hui Guo, c/o Stephen R. Coffey, Esq. O'Connell, Aronowitz Law Firm 54 State St. 9th Floor - Albany, NY 12207).

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ALBANY, NY 12207

Postage	\$ 1.11	UNIT ID: 0616
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KJ4200
Restricted Delivery Fee (Endorsement Required)		02/16/06
Total Postage & Fees	\$ 5.36	

Sent To: Hui Guo c/o Stephen Coffey Esq  
 Street, Apt. No.: 54 State Street  
 City, State, ZIP+4: Albany NY 12207

PS Form 3800, June 2002

See Reverse for Instructions

16050034  
 16050035

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hui Guo  
 c/o Stephen R. Coffey Esq  
 O'Connell, Aronowitz Law Firm  
 54 State Street, 9th Fl  
 Albany, NY 12207

2. Article Number  
 (Transfer from service label)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Paul Moore

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Paul Moore

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Registered

☐ Insured Mail

☐ Express Mail

☐ Return Receipt for Merchandise

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7005 0390 0005 8339 5887

Domestic Return Receipt

102595-02-M-1540

7005 0390 0005 8339 5887

<b>U.S. Postal Service™</b>		
<b>CERTIFIED MAIL™ RECEIPT</b>		
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>		
<b>OFFICIAL USE</b>		
ALBANY, NY 12207		
Postage	\$ 1.11	UNIT ID: 0616
Certified Fee	2.40	Postmark Here
Return Receipt Fee (Endorsement Required)	1.85	Clerk: KJ420C
Restricted Delivery Fee (Endorsement Required)		02/16/06
Total Postage & Fees	\$ 5.36	
Sent To: Hui Guo d/o Stephen Coffey Esq 54 State Street, 9th Fl Albany NY 12207		
PS Form 3800, June 2002 See Reverse for Instructions		

16050034  
16050035

<b>SENDER: COMPLETE THIS SECTION</b>	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	
1. Article Addressed to: Hui Guo d/o Stephen R Coffey Esq OConnell, Aronowitz Law Firm 54 State Street, 9th Fl Albany NY 12207	
2. Article Number (Transfer from service label)	
PS Form 3811, February 2004	
7005 0390 0005 8339 5887	
Domestic Return Receipt	
102595-02-M-1540	
<b>COMPLETE THIS SECTION ON DELIVERY</b>	
A. Signature x Paul Moore	
B. Received by (Printed Name) Paul Moore	
C. Date of Delivery 2/16/06	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	